DOCUMENT RESUME

ED 445 810 PS 028 905

AUTHOR Peth-Pierce, Robin
TITLE A Good Beginning: Sending America's Children to School with the Social and Emotional Competence They Need To Succeed.
PUB DATE 2000-00-00
NOTE 33p.; A publication of the Child Mental Health Foundations and Agencies Network (FAN). Support for this publication was provided in part by the Ewing Marion Kauffman Foundation.
CONTRACT 200003738
AVAILABLE FROM National Institute of Mental Health, Office of Communications and Public Liaison, 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663; Tel: 301-443-4513; Fax: 301-443-4279; Web Site: http://www.nimh.nih.gov/childhp/fdnconsb.htm
PUB TYPE Information Analyses (070) -- Opinion Papers (120)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Early Childhood Education; *Emotional Development; Emotional Response; High Risk Students; *Interpersonal Competence; Kindergarten; *Kindergarten Children; *Preschool Children; Public Policy; *School Readiness; *Student Adjustment

ABSTRACT

Recognizing that what, how, and how much children learn in school depends in large part on the social and emotional competence they developed as preschoolers, this monograph examines the current state of research regarding the social and emotional risk and protective factors that predict early school problems or success. The first part of the monograph describes the components of social and emotional school readiness. Risk and protective factors are examined, and the impact of interventions to address neurodevelopmental delay, impaired attachment relationships, maltreatment, and disadvantaged socioeconomic status is described. This part also notes that some of the causal risk factors for early school failure have been identified, and that current knowledge can be used to systematically design and implement intervention. The part maintains that interventions need to address multiple levels and should address causal and malleable risk factors for early school failure. The second part of the monograph summarizes selected federal policies that may improve children's chances of success and analyzes existing links between current research and policy. This part argues that existing policies are not fully implemented, that new policies place additional burdens on already overburdened systems, and that more leaders are needed to champion the development of a seamless, comprehensive system of early childhood care. The monograph's appendix lists risk and protective factors at the individual, microsystem, exosystem, and macrosystem levels as identified in research literature. (KB)

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A Good Beginning

Sending America's Children to School With the Social and Emotional Competence They Need to Succeed

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THE CHILD MENTAL HEALTH FOUNDATIONS *and* AGENCIES NETWORK

A Good Beginning

Sending

America's

Children

To School with the Social and

Emotional

Competence

They Need

To Succeed

FAN THE CHILD MENTAL HEALTH FOUNDATIONS *and* AGENCIES NETWORK

A monograph prepared by Robin Peth-Pierce, M.P.A., based on two papers commissioned by
The Child Mental Health Foundations and Agencies Network (FAN)

Risk factors for academic and behavioral problems at the beginning of school
(Huffman, L.C., Mehlinger, S.L., & Kerivan, A.S.)

and

Resource guide to selected federal policies affecting children's social and emotional development and their readiness for school
(Cavanaugh, D.A., Lippitt, J., & Moyo, O.)

The two papers have been bound in book form and are available in
Off to a good start:
Research on the risk factors for early school problems and selected federal policies affecting children's social and emotional development and their readiness for school.
Chapel Hill: University of North Carolina, FPG Child Development Center

Additional copies of this monograph and the papers are available through
The National Institute of Mental Health
Office of Communications and Public Liaison
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Voice (301) 443-4513 Fax (301) 443-4279
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Support for this publication was provided in part by The Ewing Marion Kauffman Foundation (Grant #2000037738)

Front cover and text illustrations by Kelsi Nechol Cooper, age 8.

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Preface

This fall, young children across America will step aboard a school bus for their first ride to kindergarten. They will do so with a mixture of excitement and anticipation, hungry to learn and explore the world around them. What, how, and how much they learn in school will depend in large part on the social and emotional competence they have developed as preschoolers. A socially and emotionally healthy, school-ready child has many, though not all, of the following characteristics: he or she is confident, friendly, has good peer relationships, tackles and persists at challenging tasks, has good language development, can communicate well, listens to instructions, and is attentive. There is a growing understanding of the importance of social and emotional school readiness to both success in school now and success in the workplace later. But a recent survey of kindergarten teachers indicates that many children enter kindergarten without this social and emotional competence (Cox, Rimm-Kaufman, & Pianta, in press), placing them at high risk for early school failure, poor later school outcomes, and difficulties in the workplace in their adult lives.

The Child Mental Health Foundations and Agencies Network (FAN) has commissioned this monograph and the accompanying papers in order to raise the level of awareness about this critical issue: Children who do not begin kindergarten socially and emotionally competent are often not successful in the early years of school—and can be plagued by behavioral, emotional, academic, and social development problems that follow them into adulthood. FAN intends that these documents broaden research, inform policy, and encourage the integration of new scientific concepts about social and emotional school readiness into practice. This monograph, based on two papers commissioned by FAN (Huffman et al. and Cavanaugh et al., 2000), examines the current state of research regarding the social and emotional risk and protective factors that predict early school problems or success. It also summarizes selected federal policies that may improve children's chances of success in their transition to school and analyzes the existing links—or lack thereof—between current research and policy. The two commissioned papers indicate that there are major gaps between the research on social and emotional school readiness and the implementation of federal programs. This information should be on the minds of parents, policy makers, and those who care for young children as they prepare them to begin their academic journey.

While FAN's member foundations and federal agencies have been active participants in the creation of this report, the views and opinions of the authors expressed herein do not necessarily reflect those of the U.S. government, including the Department of Health and Human Services, the Department of Education, or any of their components, or of the foundations listed below.

Child Mental Health Foundations and Agencies Network (FAN)

The Annie E. Casey Foundation; Carnegie Corporation of New York; The Ewing Marion Kauffman Foundation; The Center for the Advancement of Children's Mental Health, Columbia University; The Commonwealth Fund; The John D. and Catherine T. MacArthur Foundation; The Robert Wood Johnson Foundation; W.K. Kellogg Foundation; the following components of the U.S. Department of Health and Human Services (DHHS), including the Administration on Children, Youth, and Families (ACYF), The Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Office of the Assistant Secretary for Planning and Evaluation (ASPE), The National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH), and The National Institute of Mental Health (NIMH), NIH; and The U.S. Department of Education, The Early Childhood Institute/Office of Educational Research and Improvement (OERI).

Executive Summary

Many parents worry as their children step on the bus for the first day of kindergarten, a day that marks their transition from home to school. And often, so do the children. Learning to be apart from their families is one of the toughest tasks of young children's lives. But if a child is socially and emotionally ready for school, this transition, as well as the early years of school, is more likely to be successful. Learning in school involves a series of social interactions with adults and other children. To be ready to learn, children must have built a solid social and emotional foundation. A child who is socially and emotionally ready for school and thus ready to learn has many, though not all, of the following characteristics: he or she is confident, friendly, has developed or will be able to develop good relationships with peers, and is able to concentrate on and persist at challenging tasks. The child must also be able to effectively communicate frustrations, anger, and joy and must be able to listen to instructions and be attentive.

How do children "become" socially and emotionally ready for school? Social and emotional competence is rooted in the relationships that infants and toddlers experience in the early years of their life. During the first year, their major social and emotional milestone is the development of a secure attachment with their mother, father, or other primary caregiver. At age 2, they learn to master the concepts of self-awareness, independence, and self-control. Children who do not achieve these age-appropriate social and emotional milestones face a far greater risk for early school failure. For example, children who have not formed secure attachments to a parent(s) or primary caregiver during their first year of life are less likely to be socially and emotionally competent during their second year of life. Children who master these social and emotional milestones during the infancy, toddler and preschool years are more likely to make a successful transition to school.

While many parents, child development professionals and policy makers have been presented with a great deal of information regarding the importance of early brain development, few know what research has now confirmed: Social and emotional school readiness is critical to a successful kindergarten transition, early school success, and even later accomplishments in the workplace. Those children who are not successful in the early years of school often fall behind from the start and may be plagued by later behavioral, emotional, academic, and social development problems. Parents, teachers, and policy makers need to know that many young children are entering school without the social and emotional competence that will allow them to successfully transition from home to school. In a recent survey, up to 46% of kindergarten teachers reported that half their class or more had specific problems in a number of areas in transitioning to school (Cox et al., in press).

The purpose of this monograph, *A Good Beginning: Sending America's Children to School with the Social and Emotional Competence They Need to Succeed*, is to summarize the research on the social and emotional risk and protective factors

that predict early school outcomes and to analyze the federal policies that seek to improve these outcomes. The monograph then explores the existing gaps between research and practice and provides recommendations for change. Research on the risk factors for early school problems is reviewed in the paper *Risk Factors for Academic and Behavioral Problems at the Beginning of School* (Huffman et al., 2000). Major points from the paper include the following:

- We now have a substantial amount of research on those risk factors that contribute to difficult early school transitions. Low birth weight, poor cognitive functioning, and low socioeconomic status are risk factors for early school problems. The risk factors for early school failure are not just related to individual children, but to their families, peers, daycare setting, school environment, community, and neighborhood in which they live. Additional research is needed in the following areas:
  - How multiple risk factors interact to produce poor early school outcomes (including cumulative risk or causal chains of risk)
  - Protective factors that prevent early school failure
  - A determination of whether intervention programs actually improve children's early school outcomes
- We have begun to define and identify some of the *causal* risk factors for early school failure. These include 1) cognitive deficits, 2) early behavior problems, 3) parental psychological problems, 4) problematic parenting practices, and 5) difficulties with peers and teachers. Strikingly, several of the risk factors for early school problems appear to be related to a child's difficulties in establishing and maintaining early, important relationships with parents, peers, and teachers.
- We can use what we now know to systematically design and implement interventions.
- Interventions need to address multiple levels, since risk factors can occur at various levels (e.g., the individual, family, and community levels).
- Interventions should be targeted to address the causal and malleable risk factors for early school failure (e.g., problematic relationships with parents, teachers, and peers).

Over the past decade, research in this area has accelerated, and many federal programs and policies have been implemented to improve the social and emotional development of young children. Many of these federal policies and programs are examined in *Resource Guide to Selected Federal Policies Affecting Children's Emotional and Social Development and Their Readiness for School* (Cavanaugh et al., 2000). The programs reviewed by Cavanaugh et al. are those directly linked to the risk factors identified by Huffman et al. This extensive review includes programs designed to improve a young child's health, early care and education, family support/child welfare systems, socioeconomic status, and nutritional needs. The paper makes the following major points:

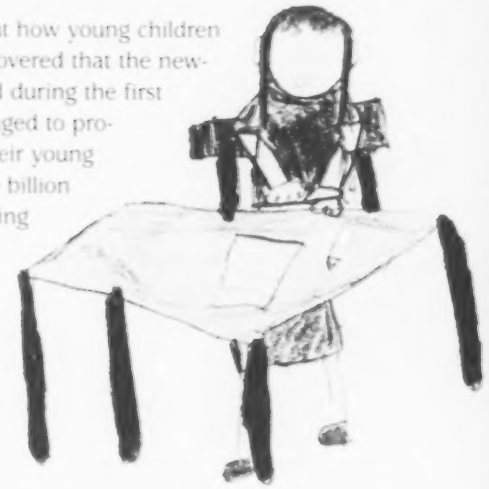
- Multiple disciplines are involved in creating this system of early childhood care. Policy makers and practitioners from the many agencies that are responsible for the well-being of the nation's children (child health, early childhood care and education, the family and child welfare system, nutri-

tion, socioeconomic status) need to be involved in the creation and implementation of the programs to improve the social and emotional school readiness of young children. To improve the delivery of these services, more opportunities should be provided to increase the flow of knowledge between agencies and disciplines.

- Existing policies are not fully implemented. For example, the development of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) and the sense that it was an "unfunded mandate" affected its implementation; in some cases, changes in Medicaid managed care have exacerbated these past implementation problems and may result in fewer children receiving EPSDT services.
- New policies place additional burdens on already overburdened systems.
- More leaders are needed to champion the development of a seamless, comprehensive system of early childhood care. Individuals at the highest levels of government, as well as the philanthropic and business communities, must take up this task in order to move this effort forward.

This monograph lays out the scientific basis for improving the social and emotional development of young children, as well as the extent to which federal programs and policies are building on this scientific base. Taken together, the two commissioned papers show that there are major gaps between what we know works to improve the social and emotional school readiness of young children, and thus early school outcomes, and the federal programs that are being implemented. Unfortunately, it appears that the multiple policies that affect young children are not taking full advantage of the growing base of research. Knowledge about what works to prevent poor early school outcomes should be transferred to those who care for children on a daily basis, including all teachers, child care workers, pediatricians, and children's mental health professionals. There is a critical need to harness the new research findings and to integrate the patchwork system of early childhood care to improve the social and emotional competence of the nation's children, with the ultimate goal of sending all children to school healthy and ready to learn.

Introduction



Never before have we known so much about how young children learn, think, and act. Researchers have discovered that the newborn brain develops at an astonishing speed during the first few years of life. Parents have been encouraged to provide rich and stimulating experiences for their young children to help to "connect" the nearly 100 billion neurons that have the potential to grow during the early years, as well as later in life. Although "growing" these brain connections prepares a young child to learn such things as colors, numbers, and letters, these connections also support an often-ignored aspect of children's development: the social and emotional capabilities needed to make a successful transition from home to school.

How Do We Know Whether a Child Is Socially and Emotionally Ready for School?

A socially and emotionally healthy, school-ready child is essentially one who can make friends, get along with his or her peers, and communicate well with teachers. A more formal definition of social and emotional school readiness is offered by the National Education Goals Panel (1999): "Children's school experience is more positive and productive when they have a sense of personal well-being, grounded in stable, caring relationships in their early lives. Unhappy, fearful, or angry children are preoccupied, unable to give their full attention and engagement to learning experiences. A solid base of *emotional security* and *social competence* enables children to participate fully in learning experiences and form good relationships with teachers and peers. In building and maintaining such relationships, key social skills are: respecting the rights of others, relating to peers without being too submissive or overbearing, being willing to give and receive support, and treating others as one would like to be treated. To the extent that children develop these social skills and attitudes, they function better in the school setting" (p. 5).

However, many children enter school without the social and emotional competence they need to make a successful transition. In a recent survey, up to 46% of kindergarten teachers reported that half their class or more had specific problems in a number of areas in transitioning to school (Cox et al., in press). Although these teachers are concerned about academics, they specifically noted that many children enter kindergarten without some basic social and emotional competencies, such as following directions, working independently or in a group, and communicating well with peers and teachers. The single biggest concern for teachers is difficulty in following directions. Forty-six percent of teach-

Table 1
Percentage of Teachers Who Say That "About Half Their Class or More" Enter Kindergarten with Specific Problems

Problem	Percentage of Teachers
Difficulty following directions	46
Lack of academic skills	36
Disorganized home environment	35
Difficulty working independently	34
Lack of any formal preschool experience	31
Difficulty working as part of a group	30
Problems with social skills	20
Immaturity	20
Difficulty communicating/language problems	14

Source: Cox et al., in press.

ers reported that half of their class or more had difficulty in following directions, and thus came to them not ready to learn.

What Happens to Children Who Enter Kindergarten without Social and Emotional Competence?

Children who are not socially and emotionally ready for school are less likely to make a successful transition to kindergarten. Poor performance in the beginning of school may result in their being labeled "delayed" learners, with subsequent placement in lower academic tracks. In turn, these labels and placements can decrease the likelihood of positive social interaction and support from their peers, and communicate the low expectations of parents and teachers for their academic performance. Children who are not successful early in school may also have greater problems with later behavioral, emotional, academic, and social development. Children who repeat a grade may also exhibit several specific behavioral and emotional disorders (e.g., attention deficit hyperactivity disorder, obsessive compulsive disorder); grade retention also predicts school dropout and rapid repeat adolescent pregnancies. Children who have poor academic achievement early on are also at risk for delinquent and antisocial behavior (Huffman et al., 2000).

In short, attaining age-appropriate social and emotional competence is critical for young children entering school. Children who are socially and emotionally ready for school generally have improved school outcomes, better odds of later school and vocational success, better later social and emotional development, and an easier time developing relationships with their peers. Better academic, behavioral, and social success early in school increases the likelihood that children will later be productive citizens, as measured by increased independence and social confidence, less reliance on social services, and higher earnings (Huffman et al., 2000). Children who do not attain age-appropriate social and emotional competence prior to kindergarten face a cascade of problems throughout their young lives and into adulthood.

This social and emotional competence cannot be taught to children in one day; it is developed from infancy, through the toddler and preschool years, and beyond. Parents and family, peers, teachers, and the community at large shape children's social and emotional competence. For instance, parents play a major role in fostering a socially and emotionally competent child (Huffman et al., 2000). Children who have close relationships with responsive parents (or a consistent caregiver) early in life are able to develop healthy relationships with peers as they get older. An early relationship with a responsive parent also serves as a "security blanket" for children, allowing them to feel more secure in exploring and mastering the outside world. Parents who talk with and respond to their children also make them feel as if they have some control over their own environment, boosting their self-esteem.

In 1998, the Child Mental Health Foundations and Agencies Network (FAN) commissioned two papers to review the scientific literature on why children are succeeding—or failing—as they make the transition to kindergarten. One review examined what we know about the risk and protective factors for early school failure, while the other review analyzed selected federal programs that attempt to improve the social and emotional school readiness of young children. In commissioning these two papers, FAN wanted to clearly identify those risk factors that may predict early school failure, as well as those protective factors that may prevent failure, and determine what federal programs are available to help children succeed in the early years of school. Most important, the authors of these reviews were asked to identify the gaps between the research base and the implementation of federal programs. What follows is a synthesis of these two papers, as well as recommendations on ways to improve children's social and emotional competence and increase their chances of succeeding in the early school years.

What We Know about Why Children Succeed or Fail in Transitioning to Kindergarten

Risk Factor Research

Some of the risk factors that predict a young child's difficult transition to school have now been identified, as well as some of the "protective factors" that prevent poor early school outcomes. Risk factors for poor early school outcomes are those characteristics that indicate a greater likelihood that a young child will have difficulties in transitioning to kindergarten. There are several types of risk factors. A risk factor may be a "fixed marker" (i.e., one that cannot be demonstrated to change) or a "variable marker" (i.e., one that can be demonstrated to change, but when changed, does not alter the outcome). "Causal" risk factors are of particular interest because they can be changed and, when changed, do alter poor early school outcomes.

Many factors, including parents and family, peers, teachers, and the community, influence a child's early school outcomes. Each of the factors contributes, to some extent, to a successful or failed transition. Strikingly, three of the causal risk factors for poor early school outcomes are related to a child's lack of success in maintaining early, important relationships—relationships with their parents, peers, and teachers. Additional causal risk factors for poor early school outcomes include early cognitive deficits in the child, early behavior and adjustment problems (e.g., aggressive behavior), and parental psychological problems (e.g., depression in mothers).

Several other risk factors for poor early school outcomes (fixed and variable markers) are listed below. A listing of all of the risk factors (including causal risk factors and fixed and variable markers) identified by Huffman et al. can be found in Appendix A (Huffman et al., 2000).

- Low birth weight and neurodevelopmental delays
- Other medical problems
- Difficult temperament and personality (e.g., hyperactivity or aggressive behavior)
- Family composition (e.g., divorce and remarriage)
- Low level of maternal education
- Parental substance abuse
- Immigrant status
- Minority status
- Low socioeconomic status
- Maltreatment
- Problematic maternal relationship history
- Psychophysiological markers (e.g., indicators of changes in the brain or other organs that limit child's cognitive and regulatory capacities)
- Insecure attachment in early years
- Child care by someone other than the mother (e.g., child care facility)
- Characteristics of kindergarten and first grade classes (e.g., large class sizes, fewer parent-teacher meetings)

These risk factors contribute to adverse early school outcomes in some way, but it is uncertain exactly how. Some studies have shown that the number of risk factors that a child has (known as cumulative risk) can predict the likelihood of subsequent emotional and behavior problems. Other studies have suggested that risk is not cumulative over time, but instead additive, meaning that individuals can move in and out of various levels of risk at different points in their lives. A better understanding of these issues would help in designing programs that would alleviate compounded risk or target interventions at particular time periods in children's lives. Overall, efforts should be refocused from simply

identifying risk factors to investigating the relationships among them; few studies have attempted to determine which risk factors alleviate or aggravate one another (Huffman et al., 2000). Understanding the relationships among the risk factors will clarify the process by which poor early school outcomes are generated and help to develop more effective prevention and treatment strategies.

Protective Factors

Research on protective factors—those factors that guard against early school failure in groups of children at risk for such problems—is less well developed. Researchers have proposed a "continuum" model to better describe the strength of protection that some of these factors offer (Huffman et al., 2000). Some factors provide powerful protection against poor outcomes ("protective-stabilizing"); others are not as potent, and afford some protection ("protective-enhancing") or little protection under high-stress conditions ("protective but reactive"). By better defining protective factors and determining which ones may safeguard children, more effective interventions can be developed to prevent difficulties in the early school years. Researchers in this area have identified the following protective factors:

- Residence with both parents or remarriage after divorce
- Higher cognitive functioning of the child
- Easier temperament of the child
- Child's self-confidence
- Emotional support from alternative caregiver
- Higher level of maternal education
- Cooperative parental coping (maintaining positive relationships with child)
- Stable, organized, and predictable home environment
- High-quality daycare at an early age (for children who have insecure attachments to a primary caregiver)
- A secure attachment in infancy and early history of positive functioning
- Larger number of classroom friends
- Social support and internal perceptions of control (for girls only)
- Warm and open relationships with kindergarten teachers

Though limited research has been conducted in this area to determine how these factors protect against early school problems, research indicates that, for at-risk children, parents can play a key role in developing the social and emotional competence of their young children. Key parenting skills include setting rules, making sure that those rules are followed consistently, and using a positive tone when communicating with children (Huffman et al., 2000). More research is needed to identify other protective factors and to determine how protective and risk factors interact to produce positive or negative early school outcomes.

Intervention Research

Intervention studies, or studies designed to manipulate or change a given risk factor, if conducted on a large enough scale and carried out over a long time period, are more likely to lead to a better understanding of a risk factor's causal

What We Know about Social and Emotional School Readiness:

- Social and emotional competence is central to success in school.
- Social and emotional school readiness is related to later school and vocational success.
- Children's early relationships are the foundation for social and emotional competence in early childhood.
- Emotional and social competency can be defined and measured. For example, a description of a socially and emotionally healthy child, ready for kindergarten, could be a child who is confident, friendly, has good peer relationships, tackles and persists at challenging tasks, has good language development, can communicate well, listens to instructions, and is attentive.
- Cultural issues are of prime importance, and family background must be respected in the development of research and policy.
- Both risk and protective factors need to be identified and their relative significance established in order to shape and reshape research-based intervention programs.

role in poor early school outcomes. Interventions can be conducted on a targeted basis—aimed at children with known risk factors for early school failure. Interventions also can be universally implemented, aimed at all families—such as providing preschool programs for all children. Intervention studies conducted to date have attempted to address the following risk factors:

- Neurodevelopmental delay, low birth weight, and other medical problems
- Impaired quality of the mother-child relationship (i.e., insecure attachment to the mother)
- Maltreatment
- Disadvantaged socioeconomic status

Most intervention studies to date have not specifically measured early school outcomes. However, of those that did measure early school outcomes, several programs have been identified as having favorable effects in improving early school outcomes of children from disadvantaged families (Huffman et al., 2000). Most of these programs are half-day or full-day preschool-type programs, supplemented by home visits and programs to support parents, and include the Early Training Project, Perry Preschool, the Houston Parent-Child Development Center, the Syracuse Family Development Research Program, Project Carolina Approach to Responsive Education, and the Infant Health and Development Project (IHDP). These intervention programs led to substantial gains in emotional or cognitive development (in the short run) and fewer placements in special education classrooms. Children who participated in the Early Training Project, the Perry Preschool project, and the IHDP made the most gains; these three programs offered both a preschool (or center-based educational day care) *and* a home visit program. For a more detailed description of these intervention programs, see Huffman et al.

What Does the Risk Factor Research Tell Us?

Risk factor research indicates that several of the causal risk factors for children's poor early school outcomes are related to the failure of early important relationships with their parents, peers, and teachers. These early relationships are the foundation for later relationships, and are vital to the development of their social and emotional competence as young children. However, additional risk and protective factors need to be identified and their relative significance established in order to shape and reshape evidence-based programs. In some cases, the basic research to back up our intuition about what causes poor early school outcomes has not been carried out. In addition, large longitudinal studies are needed; while a number of longitudinal studies have already been conducted, their focus was largely on older children. Additional longitudinal studies that examine younger children (pre-kindergarten) are needed to better understand the developing child within the context of the child's family, community, and school setting. Because longitudinal studies assess the child and family prior to the child's school entry and over the course of the school years, these studies help determine whether risk factors are truly causal in nature, and are necessary for developing effective prevention and treatment programs. The next section discusses selected federal programs that impact the social and emotional readiness of young children.

Selected Federal Policies Affecting Children's Social and Emotional Development and Readiness for School

Many federal programs and policies, which are implemented at the state and local levels, attempt to address the risk factors outlined by Huffman et al. Twenty-nine of these federal programs and policies are examined in *A Resource Guide to Selected Federal Policies Affecting Children's Emotional and Social Development and Readiness for School* (Cavanaugh et al., 2000). These programs and policies seek to improve many facets of children's lives, including their health, their early childhood care and education, the family and child welfare system that supports them, their nutritional status, and the socioeconomic status of their families. While these programs were not *primarily* designed to improve children's social and emotional development, they were selected for review because they met the following criteria: their relevance to the risk factors already identified by Huffman et al., the size of each program's budget, and the number of individuals eligible for the program. It was beyond the scope of the guide to determine the effectiveness of the programs; instead, its purpose was to analyze those policies and programs most directly linked to the risks for early school failure.

What Programs Currently Exist That Improve Children's Social and Emotional School Readiness?

The following section reviews several of the programs in each of the policy "domains" (child health, early childhood care and education, family and child welfare, child nutrition, and socioeconomic status). In each of the policy domains, programs with potential to improve the social and emotional school readiness of children have been identified. Although full-scale evaluations have not been conducted to determine the effectiveness of all of these programs, they have been identified as having potential because they address the important role that social and emotional readiness plays in determining early school outcomes. For a more comprehensive description and analysis of each program, see Cavanaugh et al.

Child Health

Children and their families need high-quality, affordable health care; good health is essential to social and emotional development. Seven key child health programs implemented today are the Maternal and Child Health Block Grant, Healthy Start, Medicaid, Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), the State Children's Health Insurance Program (CHIP), Starting Early Starting Smart, and the Community Mental Health Services Block Grant Program (CMHSBG). Most programs provide states with funding to improve the health of mothers and their children. Medicaid($161.2 billion in FY 1997) is the largest single program for children's health care in the nation; it insures both low-income and disabled children. Approximately 30% of children from birth to age 5 are enrolled in Medicaid (Cavanaugh et al., 2000). CHIP provides a health insurance benefit to uninsured children from low-income families who are ineligible for other insurance coverage, including Medicaid. States can use CHIP funds for expansion of their Medicaid or other child health programs, or they can develop new programs. EPSDT is the comprehensive child health Medicaid benefit program whose main goal is to identify and treat preventable children's health problems *before* they cause harm or become expensive to treat. All Medicaid-eligible children may receive EPSDT services, which include screenings (medical, dental, and vision) and developmental assessments. The CMHSBG provides states with funds to develop mental health services for adults and children with serous mental illnesses. While CMHSBG is the largest federal program addressing mental health issues, its budget ($288 million in FY 1998) is significantly smaller than that of other child health programs, and it provides services only to children with serious emotional disturbances (e.g., depression and anxiety) (Cavanaugh et al., 2000).

Like Medicaid, the Maternal and Child Health Block Grant (MCHBG) program provides funds to states for preventive and primary care services for women, children, and children with special health care needs. The states often use the funds to build and maintain their systems of care for women and children, with the ultimate goal of improving their health (e.g., reducing infant mortality, increasing childhood immunizations). Similarly, Healthy Start, a federal "demonstration" program (a type of program implemented by the federal

government to develop and evaluate models of service delivery), exists to improve the health outcomes of young children—in particular, to reduce infant mortality.

One new, small demonstration program that places great emphasis on social and emotional development is the Starting Early Starting Smart program. This public-private collaboration attempts to tackle six of the causal risk factors of early school failure—cognitive deficits, early behavior and adjustment problems, parental psychological problems, poor parenting practices, difficulties with peer relationships, and relationships with teachers. The program helps children, from birth to age 7, by providing substance abuse and mental health services to families in settings that are already familiar to them, such as primary care or child care settings. In this program, parents and children will learn to improve their life skills and their family functioning, and learn how to effectively use community services, with the ultimate goal being the improvement of children's social, emotional, cognitive, and physical development.

Programs like those described above have considerable potential for improving children's social and emotional readiness for school and thus, early school outcomes. However, several of the programs face serious implementation problems. EPSDT services may not be as widely available to young children as hoped. The language in the Medicaid managed care contracts significantly affects the level of EPSDT services provided in many states (Cavanaugh et al., 2000). CHIP also suffers from implementation problems; enrollment of children is not as high as anticipated because of the complexity of identifying and enrolling this hard-to-reach population (Cavanaugh et al., 2000).

Early Childhood Care and Education

All children need a system of early childhood care and education that supports their social and emotional development, as well as their cognitive development, early in life. Many education and child care programs exist today to support young children; included in the review by Cavanaugh et al. were Head Start; Early Head Start; the Child Care and Development Block Grant (CCDBG); the Elementary and Secondary Education Act, Title I, Parts A and B; and Individuals with Disabilities Education Act (IDEA), Part B (State Grant Program and the Preschool Grants Program) and Part C (Infants and Toddlers with Disabilities Program). Head Start and Early Head Start, two comprehensive early childhood care programs, enhance the social and emotional development of young children by providing eligible children and their families a set of services that address a wide range of risk factors. Head Start provides educational, health, nutritional, and social services primarily in a classroom setting, to improve social and emotional school readiness of low-income children. Head Start targets many risk factors, including cognitive deficits, early behavior and adjustment problems, poor parenting practices, and difficulties with peer relationships and relationships with teachers. The program currently serves only 50% of the eligible population but has been expanded in recent years. Expansion to all eligible children is essential to increase the chance of early school success for a larger portion of the population. The Early Head Start program, an extension of the Head Start concept, serves children from birth to age 3. Services are delivered either in the home or at family centers, targeting essentially the same risk factors as Head Start. Reaching all of these preschoolers is essential, but unfortunately, Early Head Start currently serves only 2% of the eligible population.

Although the importance of early childhood development and its impact on social and emotional school readiness is widely understood, early childhood care and education programs may not consistently offer the same quality of services. Head Start and Early Head Start have had some success in improving children's social and emotional readiness. However, children receiving subsidies under CCDBG, a funding stream provided to states to subsidize child care for low-income families so that parents may work, may receive services that vary greatly in quality, due to the fact that CCDBG does not have federal standards and performance measures like those of Head Start (though state standards exist). In addition, half of the states no longer guarantee child care subsidies to welfare families (Cavanaugh et al., 2000). Other early childhood development programs lack adequately compensated and trained staff or sufficient facilities to provide services.

The IDEA programs provide grants to states improve services to young children with disabilities. Funds for IDEA Part B, The Preschool Grants Program, must be spent on providing special education and related services for children ages 3 to 5; IDEA Part B, The State Grant Program, covers the delivery of services to children with disabilities ages 3 to 21. This combination of grants ensures that a free, appropriate public education is provided to all eligible children. All states currently participate in these programs. However, participation in IDEA Part C, The Infants and Toddlers with Disabilities Program, is voluntary. This family-centered program provides states with funds to coordinate a system

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of comprehensive services for eligible children birth to age 3. Essentially, these funds are earmarked to create an infrastructure for early intervention programs, with the goal of addressing many risk factors, including cognitive deficits, early behavior and adjustment problems, poor parenting practices, difficult peer relationships, and poor relationships with teachers. Because the services delivered under Part C may be paid for through funds from others programs such as Medicaid, any changes in Medicaid can affect the implementation of the IDEA Part C program.

Family Support and Child Welfare

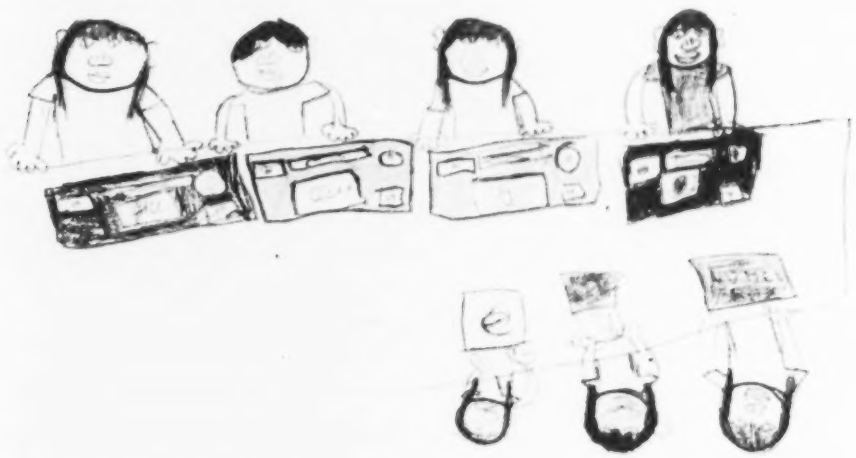
A young child's social and emotional development is also influenced greatly by his or her family life. Seven federal policies seek to directly affect the risk factors related to a child's family life. These policies include the Family and Medical Leave Act; various titles of the Social Security Act, including Title IV-B (Child Welfare Services Program), Title IV-B, Subpart 2 (Promoting Safe and Stable Families Program), Title XX (Social Services Block Grant), and Title IV-E (Foster Care and Adoption Assistance); the Child Abuse Prevention and Treatment Act; and the Adoption and Safe Families Act.

The Child Abuse Prevention and Treatment Act (CAPTA) is a potentially valuable tool in promoting social and emotional school readiness. CAPTA provides resources to states to prevent child abuse and neglect and to enhance child protection services. Title I CAPTA funds are earmarked for the prevention of child abuse and neglect and for strengthening child protection and treatment services. Title II CAPTA funds provide parents, especially young parents and parents with young children, community-based family services and resources. CAPTA attempts to address several risk factors for early school failure, including early behavior and adjustment problems, poor parenting practices, and parental substance abuse or psychopathology. While CAPTA is focused on preventing abuse and neglect, the Adoption and Safe Families Act (ASFA) removes children from parents who create unsafe environments (through child maltreatment), and speeds up the process of getting them into stable, supportive, homes.

Most of the federal resources in the child welfare area are focused on improving the child protective service system; however, these efforts are often limited to funding treatment programs, rather than prevention. Prevention programs in this area could be expanded in order to focus on the mental health problems of young children, and to coordinate services between the federal and state levels. The foster care system faces many challenges as well, including attracting qualified staff and foster parents, as well as finding the resources needed to keep young children in one stable foster home environment while they are in out-of-home care. While recent changes in ASFA's provisions are meant to quickly remove children from harm, the changes may overburden both the child welfare and court systems. (Cavanaugh et al.)

Child Nutrition

Adequate nutrition plays a key role in the health and development of young children. Children who arrive at school hungry are less able to concentrate on schoolwork. Three federal nutrition programs—the Food Stamp Program; Special Supplemental Nutrition Program for Women, Infants and Children, commonly



known as WIC; and the Child and Adult Care Food Program (CACFP)—have the common goal of providing adequate nourishment to children from low-income families. Both the Food Stamp and WIC programs significantly improve the nutritional status of young children, which in turn affects their social and emotional school readiness; both programs serve the majority of their eligible populations (86% and 96%, respectively). CACFP provides free or subsidized lunches in child care settings, but only to children in formal, nonparental care.

Socioeconomic Status

The economic status of a young child's family affects his/her health, growth, and development. Several federal policies and programs, including the Temporary Assistance for Needy Families (TANF), Supplemental Security Income, Earned Income Tax Credit, and Dependent Care Tax Credit, seek to improve a family's well-being or compensate for expenses related to caring for a disabled family member. TANF, which was enacted in August 1996, replaced "welfare," as it was once commonly called. Because TANF provides only temporary cash assistance to families, its impact on low socioeconomic status as a risk factor is very limited, and some negative outcomes may result. These negative outcomes may include a lower level of maternal education (TANF limits benefits while a parent is earning an education), lower enrollment in the Medicaid and Food Stamp programs (families ineligible for TANF might mistakenly believe that they are also ineligible for these other aid programs), and the potential for lower quality child care (odd work hours may require more flexible child care situations, which limits child care choices, or more families enter an undeveloped child care market, which is known to have problems in quality). (Cavanaugh et al., 2000). TANF may exacerbate all of these risk factors, which contribute to poor social and emotional competence and thus to early school difficulties.

An Overview of Federal Programs and Policies

The federal programs and policies discussed above were not specifically developed to address children's social and emotional school readiness. Most pro-

grams and policies, while they address other important issues, tangentially improve social and emotional school readiness. But these programs create only a patchwork system of early childhood care, implemented across many domains, and cannot be relied upon to ensure the social and emotional school readiness of the nation's children. Many of the subparts of this system have been constructed upon fragile building blocks. Some of the programs have not been fully implemented.

Changing federal-state relationships complicate these largely structural issues. Programs are partially funded by the federal government; however, state governments largely implement them. States now have more flexibility in designing and implementing programs to meet their own needs. While the states largely welcome this flexibility, the gulf between those who implement the programs and those who conduct the national research is wide, and may result in problems in translating research into practice. Most states are creating programs to improve early childhood development and are trying to establish measurable indicators of success in this area. While this innovation is welcome, this situation means that there is no one single system of early childhood care, but instead, 50 different systems. Policy research is needed to synthesize information on existing state and local efforts in order to improve a federal system that supports social and emotional school readiness.

The federal government is investing substantial resources in improving the social and emotional school readiness of America's children through Medicaid expansions, the passage of the State Children's Health Insurance Program, and demonstration programs such as Starting Early Starting Smart. However, the overall allocation of these resources does not reflect our scientific base of knowledge about what works to improve the early school outcomes of young children (budgets for each of these programs can be found in Cavanaugh et al., 2000). Few resources have been targeted at eliminating the causal risk factors for poor early school outcomes – risk factors related to children's lack of success in maintaining early, important relationships with their parents, peers, and teachers. In addition, programs that address family- and community-related risk factors have received only modest attention; most of the focus has been on ameliorating risk factors related to the individual child, rather than on broader ecological risks.

Taken together, the two commissioned papers provide information on the important scientific knowledge generated regarding the risk factors for early school failure, as well as the programs that seek to ameliorate them. While the federal government is investing major resources to improve the social and emotional school readiness of young children, resources need to be realigned to reflect the current research base. Researchers have now identified some of the *changeable* risk factors for early school failure; allocation of resources must reflect this new knowledge. In the final chapter, the gaps between research and practice are defined and recommendations are made to improve children's social and emotional school readiness and their early school outcomes.

Conclusions

Children who begin their academic journey socially and emotionally competent have a better chance of being successful during the early years of school. Parents and others who care for and about children on a daily basis, including teachers, child care workers, pediatricians, and family physicians—as well as policy makers—need to be aware of the critical importance of social and emotional school readiness.

Teachers today are faced with difficult challenges beyond academics. They are expected to teach children who come to kindergarten unable to communicate well with their peers or teachers or perhaps unable to follow directions – and thus not ready to learn. While most teacher education curriculums offer courses on child development and educational psychology, more should offer their teachers-in-training hands-on experience in building the social and emotional competence of young children. In particular, community colleges, which are likely to be educating early child care professionals, should enhance their curriculums on assessing and dealing with social and emotional school readiness.

In addition to teachers, pediatricians and family physicians are the frontline providers who first see children and families with social and emotional needs. Pediatricians are increasingly being called on to address questions beyond the physical problems of their young patients. Parents want to know how to prevent playground fights, or how to teach their children to appropriately channel anger. Parents want information about dealing with behavior problems and teaching their children to cope with everyday life events.

Finally, those who design and implement federal programs are concerned that many children are falling behind early in their academic careers. Are resources being spent in the right places to ensure the appropriate social and emotional development of our young children? Are we doing all we can to make sure that children begin their academic journey on the right foot? Clearly, the commissioned papers indicate that while the federal government is investing substantial resources in this area, policy, practice, and research need to be more interwoven. This final chapter reviews the gaps in existing social and emotional school readi-

ness research, the gaps within the existing policies, and finally, the gaps between research and policy. This chapter also lays out a research and policy agenda that clarifies what we need to be doing now, as well as in the future, to improve the social and emotional school readiness of our young children.

Gaps Within the Research on Social and Emotional School Readiness

Although a small body of risk factor research now exists, there is very little evidence available that clarifies the mechanism by which the specific risk factors influence early school outcomes. Research to date has focused primarily on identifying risk factors, rather than on understanding the mechanism(s) of risk. Because it is unlikely that early school success or problems are the result of only one factor, existing data sets should be further analyzed or more complex studies conducted to clarify how multiple risk factors contribute to poor early school outcomes. For example, one risk factor may cause another, but few studies have attempted to identify these "causal chains" and determine how they lead to poor early school outcomes. Finally, are there critical periods in children's lives when they are more, or less, vulnerable? While it would seem that children who have multiple risk factors for early school failure fare worse, this is not known for certain. Is there a direct relationship between multiple risk factors and poor early school outcomes? In addition, no studies have determined the effect of risk factors changing over time. Very few studies have addressed causal risk factors. Of the 60 scientifically rigorous studies included in the literature review, only one-quarter of them addressed the causal risk factors for poor early school outcomes (Huffman et al., 2000). Causal risk factors are important to identify because they are the risk factors that can be changed and that, when changed, do improve a child's chances of early school success.

Improving Protective Factor Research

Protective risk factors for early school success have not been studied in great detail. We know little about what prevents young children from failing in the early school years. Of the protective factors identified, some are not amenable to intervention. Some children do well in spite of circumstances they face (e.g., poverty or chronic illness) and avoid early school failure, while others with identical characteristics are more vulnerable, perhaps owing to biological or psychological differences, and do not perform as well. Researchers have determined that for older children, participation in school activities and the identification of a favorite teacher as a role model are protective factors (Huffman et al., 2000). Although this research was not geared specifically to early school outcomes for children ages 5 to 6, it does provide some insight as to what might help prevent early school failure. Parents as well have been identified as key factors in preventing early school failure. Parents who set rules, monitor their children, and consistently enforce these rules using a positive emotional tone help protect against early school failure (Huffman et al., 2000). However, more study of protective factors is needed to determine the interaction between risk and protective processes.

Ethnicity and Culture Should Be Included in the Discussion

A significant number of children from minority cultures fail in the early years of school. Although we know that low socioeconomic status and minority status

are markers for early school failure, we do not know why some children in these groups have better early school outcomes than others. Research needs to be conducted to examine the variation within these groups to determine how the child, family, and school characteristics interact to produce better, or worse, outcomes. It is important to know more about how children from different cultures develop, socially and emotionally. Children from minority cultures have higher levels of early school failure, but the reasons are unclear. Perhaps this higher rate of failure reflects a cultural difference in what teachers expect and accept as "normal" behavior. In a recent survey, teachers reported concerns with transition problems more frequently in urban areas, in districts with higher poverty rates, and in schools with more minority students. The teachers' reports of concerns may reflect a mismatch between their expectations and children's competency. Some evidence indicates that teachers' evaluations of students may be more favorable for children with whom they share the same ethnic background, presumably because the children's behavior and values match the teachers' expectations (Cox et al., in press). Research in this area needs to be expanded in order to study the children of other minority cultures.

Improving Research Methods

While a number of longitudinal studies in this area have already been conducted, their focus was largely on older children; additional longitudinal studies that examine younger children (pre-kindergarten) are needed to better understand the developing child within the context of the child's family, community, and school setting. Longitudinal studies are absolutely essential to untangle the complex interaction of multiple risk factors that exist at the individual, family, and community levels. These studies need to assess the child and family prior to school entrance and then continue to study them throughout the early school years; this will provide an understanding of how multiple risk factors, on multiple levels, interact over time to produce early school success or failure. Conducting additional types of studies (cohort or case control studies), will permit the direct determination of risk and will be useful in clearly linking risk factors to poor early school outcomes.

In addition to conducting more long-term studies, research in this area should identify interventions that clearly improve children's early school outcomes (not just those interventions that yield statistically significant changes). Of the six intervention studies reviewed by Huffman et al., only three had at least moderate or large effects on improving early school outcomes. This finding is important, because the effect of an intervention must be strong enough to justify the resources that are spent on its implementation.

Finally, it may be useful to frame the concept of risk in a different manner in order for policy makers to make better use of the research. One strategy would be for researchers to estimate how many early school failures could be prevented if an intervention were 100% effective in eliminating a given risk, as well as how many children suffer from that risk. With this estimation, more informed policy decisions could be made. For example, if few children have difficulties with peer relationships (a causal risk factor for poor early school outcomes), the effect of implementing an intervention to improve these peer relationships would be small. However, if many children have difficulties with peer relationships, the effect of implementing such an intervention would be

large. These estimates, known as population-attributable risk estimates, could be important tools in helping policy makers allocate resources most effectively.

Gaps Within Policy

There are many issues in creating and maintaining a system of early childhood care that insures that all children will enter school socially and emotionally ready to learn. One important challenge is the integration of the health care and education systems. Because professionals in these two systems – pediatricians and teachers – serve as the primary "gatekeepers" of children's overall health and education, they are in an important position to identify young children at risk for poor early school outcomes. Some of the problems in creating an integrated system of care that will insure children's social and emotional school readiness include 1) multiple disciplines are involved in creating this system of care, 2) existing policies are not fully implemented, 3) some programs are not brought to scale, 4) new policies place additional burdens on already overburdened systems, and 5) champions of these efforts have not been identified to encourage the development of a cohesive system of early childhood care.

Early childhood issues cut across a number of different disciplines, including child health, early childhood care and education, family support and child welfare, child nutrition, and socioeconomic status. These programs are implemented by several different federal agencies. Programs like the Maternal and Child Health Block Grant, Medicaid, and IDEA Part C require the coordination of services with one another. To improve the delivery of these services, more opportunities should be provided to increase the flow of knowledge between agencies and disciplines. While some coordination mechanisms exist at the state and local levels, little research has been conducted to determine how well these mechanisms are working.

Existing policies are not fully implemented or successful federal or foundation-sponsored programs are not brought to scale. In addition to issues of coordination, implementation problems prevent some programs from achieving successful outcomes. For instance, while the EPSDT program has great potential to address many of the medically related risk factors for young children, its implementation has been uneven. In some cases, the changes in Medicaid managed care have exacerbated past implementation problems. An Inspector General's 1997 report found that nationwide, 48% of Medicaid-enrolled children—nearly half—received no EPSDT services at all (Cavanaugh et al., 2000). CHIP is also experiencing some problems enrolling eligible children in the program.

New federal policies often place additional responsibilities on fragile systems. While coordination and implementation problems are not new problems, neither is this last, but most important dilemma. Any new policies that are implemented overburden already fragile systems. One example of this: the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), Public Law 104-193, which replaced welfare. The new welfare program, TANF, provides temporary cash benefits while requiring parents to find work outside the home, thus increasing the demands on the early childhood care system. PRWORA did increase funding for child care by $4 billion over 6 years, but it simultaneously increased both the age of eligible children and the income eligibility require-

ments. These actions, along with new work requirements, created an increase in the demand for child care services, challenging the system's flexibility by increasing the need for resources (i.e., qualified staff and appropriate space). The legislation also had the effect of reducing quality requirements and eliminated the language that required states to pay market rates for child care slots. In addition, the Head Start program, which began as a half-day program to serve children only during the school year, must now be expanded to accommodate the demand created by the new welfare-to-work requirements (Cavanaugh et al., 2000).

Improving Systems-Level Research

Studies will need to be undertaken to determine the optimal organizational and financing structures that are required to create a seamless, comprehensive system of early childhood care. These studies must determine which organizational and financing structures will produce the most successful child- and family-focused outcomes. This research will need to include studies of ways to improve linkages among child care, health care, and educational services for this population. Significant changes need to be made to the system of early childhood care in order to integrate the wide array of federal and non-federal early childhood services and programs. Because the design and implementation of this vast number of programs involve so many disciplines (including children's health, early care and education, family support/child welfare systems, socioeconomic status, and nutritional needs), researchers in all of these areas need to conduct multi-disciplinary research. The range of federal, as well as foundation-sponsored, research on social and emotional school readiness could be better coordinated to form a national early childhood plan. However, this plan cannot be developed until more is known about the best way to organize and finance services for young children, as well as more about the best practices for improving early school outcomes.

Toward a Comprehensive System of Early Childhood Care

The challenges outlined above present difficult, but not impossible, obstacles. One barrier is the fact that the responsibility for early childhood policy at the federal level is divided among many congressional committees; all committees and committee members would need to agree on the importance of this issue. "Champions" as well are needed at the highest levels of government, in the philanthropic community, and in the business world in order to move this effort forward. But some opportunities do exist now to improve the system of early childhood care. There is a growing recognition that the knowledge base underlying the various disciplines involved in the early childhood care system has substantial common ground. The devolution of policy making and responsibility to the state level also offers unique opportunities; many states are trying new, innovative methods to address school readiness and developing integrated systems of care. There are significant resources to draw on, and many building blocks are already in place at the federal level. But federal policies and programs do not currently reflect what research indicates is necessary for success in the early school years, and multiple programs serving young children are not integrated. These issues have been studied before; we need to begin building on the experience and hard work of past individuals to improve the system of early childhood care (Cavanaugh et al., 2000).

Next Steps: Closing the Gaps between Research and Policy

Bringing Research and Practice Closer Together

The review of risk factors and selected federal programs indicates that the current research base is not reflected in programs that seek to improve children's social and emotional school readiness. Three of the most important risk factors for early school problems are related to the failure of early, important relationships that children have with their parents, peers, and teachers. Current research needs to be transferred to those who work with young children on a daily basis, who may not be aware of the risk factors for poor early outcomes or of the intervention programs available. Child welfare caseworkers, family physicians and pediatricians, and especially teachers (elementary, child care, preschool, Head Start, and Early Head Start teachers) would benefit greatly from this new knowledge. What works "in the lab" must be moved to the real world to determine if indeed these programs improve early school outcomes in diverse populations with multiple risk factors for early school failure.

Those who design and implement programs to improve early school outcomes can also play a significant role in closing the gap between research and practice. Programs and policies that seek to improve social and emotional school readiness need to be more coordinated across the various federal agencies. In addition, more intensive and/or longer-lasting programs and services could be funded in order to increase the effectiveness of intervention programs. Those programs that work should be implemented in underserved, at-risk populations. The implementation of low-cost universal interventions, based on research findings on social and emotional development, should be considered as well. For instance, children who attend preschool or develop neighborhood friendships before entering elementary school have better early school outcomes.

As any parent, grandparent, or teacher knows, children grow and develop extraordinarily fast. Their preschool years are spent absorbing the world around them. The early school outcomes of many children can be improved by teaching them how to interact with this new-found environment—most important, with their teachers and peers. Many of the risk factors for poor early school outcomes are identifiable and modifiable during early infancy and childhood. Resources should be aimed at addressing these often-ignored risk factors related to a child's family, peers, and community. We need to expand those programs that work in order to improve the odds of success for those at high risk for early school failure—and find new solutions. Until this is done, the gaps between research and practice leave many children without the social and emotional school readiness with which to begin their academic careers—and their lives.

Appendix:
Risk and Protective Factors Identified in the Literature by Huffman et al.

Risk Factors	Protective Factors
Individual Level	
Low birth weight and neurodevelopmental delay	
Other medical problems	
Psychophysiological problems (e.g., problems in brain or other organs that limit child's cognitive and self-regulatory capacities)	Child's self-confidence
Early cognitive deficits	Higher cognitive functioning
Difficult temperament and personality (e.g. hyperactivity or aggressive behavior)	Easy temperament and personality
Early behavior and adjustment problems	Early history of positive functioning
Microsystem Level (Family, Peers, Daycare, and School)	
Family composition (e.g., divorce and remarriage)	Residence with both parents or remarriage after divorce
Low level of maternal education	Higher level of maternal education
Parental substance abuse	Stable, organized, and predictable family environment
Problematic maternal relationship history	
Parental psychological problems	Cooperative parental coping
Poor parenting practices	Social support, internal perceptions of control (girls)
Maltreatment	
Insecure attachment in early years	Secure attachment in early years
Difficulties with peer relationships	Larger number of classroom friends
Child care by someone other than the mother (e.g., child care facility)	High-quality child care at an early age (for children who have insecure attachments to a primary caregiver) or emotional support from an alternative caregiver
Negative characteristics of kindergarten and first grade classes (e.g., large class sizes, fewer parent-teacher meetings)	
Poor relationships with teachers	Warm and open relationships with teachers
Exosystem Level (Neighborhood and Socioeconomic Status)	
Immigrant status	
Minority status	
Low socioeconomic status	Higher socioeconomic status
Macrosystem Level (Cultural Beliefs and Values)	
No Risk or Protective Factors Reported	

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THE CHILD MENTAL HEALTH FOUNDATIONS *and* AGENCIES NETWORK

Beatrix A. Hamburg, M.D.,
Expert Consultant to FAN,
Visiting Professor, Cornell
Medical College

Peter Jensen, M.D.,
Expert Consultant to FAN,
Director, Center for the
Advancement of Children's
Mental Health,
Columbia University

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FAN is a group of private foundations and public agencies striving to improve the links between research, practice, and policy affecting young children.

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